

**MARICOPA COUNTY DEPARTMENT OF TRANSPORTATION
ON CALL CONSULTANT PAYMENT REQUEST**

Submit to: Maricopa County Department of Transportation
Attention: Financial Branch Services
2901 West Durango Street
Phoenix, Arizona 85009-6357

CONSULTANT'S NAME: _____ DATE: _____

CONSULTANT'S ADDRESS: _____

PROJECT NAME: _____ PAYMENT REQUEST NO.: _____

CONTRACT NO.: _____ WORK ASSIGNMENT NO.: _____

Work Assignment

TIME PERIOD: _____ TO _____ MCDOT Project Manager: _____

A. CONSULTANT'S CONTRACT DATA

- | | | |
|----|---------------------------------|----------|
| 1. | Maximum Contract Amount | \$ _____ |
| 2. | Prior Contract Work Assignments | \$ _____ |
| 3. | Total Remaining Contract Amount | |
| | (A.1 minus A.2 minus B.1) | \$ _____ |

B. CONSULTANT'S NTE FEE, THIS CONTRACT ASSIGNMENT

- | | | |
|----|---|----------|
| 1. | NTE Fee, this Contract Work Assignment | \$ _____ |
| 2. | Requested Payment: (Attach Backup Documentation) | |
| 1. | _____ | 3. _____ |
| 2. | _____ | 4. _____ |
| 3. | Total Fee Earned To Date, This Contract Work Assignment | \$ _____ |

C. PAYMENT REQUEST DATA

- | | | |
|----|--|----------|
| 1. | Less Prior Payments, This Contract Work Assignment | \$ _____ |
| 2. | Less Prior Retainage | \$ _____ |
| 3. | Total Payment Request (B.3 minus C.1) | \$ _____ |
| 4. | Less Retainage this Payment Request | \$ _____ |
| 5. | Net Payment Request | \$ _____ |
| | (C 3 minus C4) | |

If this is a full and final payment request for this work assignment be certain to include the required Certificate of Performance (COP).

Submitted by: _____ Date: _____
Consultant

Payment Request Verification: _____ Date: _____
MCDOT Project Manager

Approval to Pay: _____ Date: _____
MCDOT Division Head